**Key Action 1 – Mobility of youth workers – Training Course**

**-Social inclusion of disadvantaged youth-**

**24th July – 31st July 2016  
Canakkale, TURKEY**

**APPLICATION FORM for participants**

***Details of participant***

|  |  |  |  |  |  |  |  |  |
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|  | **Name and surname** | |  |  | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **Date of birth** | |  |  | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **City / Country** | |  |  | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **Nationality** | |  |  | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **Gender** | |  |  | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **E-mail address** | |  |  | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **Mobile phone** | |  |  | | | |  |
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***Person to be called in case of emergency situations***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  | **Name and surname** | |  |  | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **Relativity** | |  |  | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **E-mail address** | |  |  | | | |  |
|  |  |  |  |  |  |  |  |  |
|  | **Mobile phone** | |  |  | | | |  |
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***Profile of participant***

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| **What is your position in your sending organization for this project (Manager, trainer, volunteer, member etc.)** |
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| **Have you ever taken part in an international organization before?**  **If yes, please describe your task and responsibilities:** |
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| **Have you ever attended any Youth in Action or Erasmus + Program project activity?**  **If yes, please explain what type of action and theme of the project:** |
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| **Do you have any experiences about social inclusion of disadvantaged young people?**  **If yes, please describe:** |
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***Additional information***

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| **Do you have any allergies or any medical restrictions?** |
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| **Do you have any food requirements? (vegetarians, diabetics, diets)** |
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